	STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES *MDHHS /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT & MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAMS CONTRACT*	ATTACHMENT C.6.5.1.1 & P.7.7.1.1
		SECTION Form v 2016-2
		EFFECTIVE DATE 10/01/15
	Report Certification & Electronic Report Submission Guidelines – *October 2016*	PAGE OF 1 of 3

1.0   General Report Overview

The Report Certification will be utilized by the CMHSP / PIHP to identify the reports included in the electronic submission of reports to the Michigan Department of Health and Human Services (MDHHS). In recognition that various individuals may be responsible for the completion of the reports, the Report Certification allows identification of the contact name, contact telephone number and contact email address for each report included on the certification. Additionally, the Report Certification will be used to certify the accuracy and completeness of the report submission related to the reporting of revenues and expenditures as required in contract attachments C.6.5.1.1 and P.7.7.1.1. Contact information and report certifications must be included with each electronic report submission to the MDHHS.

2.0   Report Submission

Reports should be submitted electronically to the department by the due dates specified in the reporting grid incorporated in Attachments C.6.5.1.1 and P.7.7.1.1. The reports should be submitted to MDHHS at **MDHHS-BHDDA-Contracts-MGMT@michigan.gov**.

3.0   Naming Convention

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission.

3.1   Fiscal Year

The format for the fiscal year should be as follows:

FYXX where XX represents the last two digits of the fiscal year.

3.2   Period Covered

The period covered is representative of the submission type. The format for the period covered should be as follows:

- Quarter 1 (October – December) reports should be depicted as **Q1**
- Quarter 2 (October – March) reports should be depicted as **Q2**
- Quarter 3 (October – June) reports should be depicted as **Q3**
- Projection (October – September) reports should be depicted as **PROJ**
- Year End Accrual (October – September) reports should be depicted as **YEC**
- Interim (October – September) reports should be depicted as **INTERIM**
- Final (October – September) reports should be depicted as **FINAL**

3.3 Agency Name

The agency name should reflect the reporting agency. Consistency with agency name across reports is requested.

3.4 Report Title

The format for the report title is as follows:

- FSR Reporting Package: **FSR BUNDLE**
    - o Medicaid Contract Settlement Worksheet
    - o Medicaid CRCS
    - o Medicaid
    - o Healthy Michigan
    - o MI Health Link
    - o Health Home Services
    - o Autism Oct – Dec 2015
    - o Autism Jan – Sept 2016
    - o Autism Jan – Sept 2016 Supplemental
    - o SUD FSR
    - o SUD Supplemental
    - o PA2 Fund Balance
    - o Medicaid ISF Report
    - o Medicaid Shared Risk Calculation
    - o Local Costs for State Services
    - o All Non-Medicaid
    - o All Non-Medicaid Supplemental
    - o GF CRCS
    - o GF Contract Settlement Worksheet
    - o GF Special Fund Account – PA226a (Projection, Interim and Final only)
    - o Pasted Certification Tab
    - o Additional Narrative Tab
- GF Year End Accrual Schedule: **GFYEC**
- Medicaid Year End Accrual Schedule: **MEDYEC**
- GF Special Fund Account (226a): **GF SPEC FUND**
- Certification Report: **REPORT CERT**

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3.5   Date of Submission

The format for the date of submission is as follows:

- **MM-DD-YYYY** where MM represents the month, DD represents the day of the month and YYYY represents the year the report is being submitted.

Example: For the FY XX Year-End Interim reporting package submitted from network180, the file name should read as **FYXX YE Interim network180 FSRBUNDLE MM-DD-YYYY**.

4.0   Instructions for Completion of the Certification Form

4.1   Enter the name of the CMHSP / PIHP on the line labeled "CMHSP/PIHP".

4.2   Select the appropriate Fiscal Year (FY) from the drop down menu.

4.3   Select the Submission Type from the drop down menu.

4.4   Enter the date of report submission on the line labeled "Submission Date".

4.5   Enter an X in the column titled "X" to indicate inclusion of the report in the electronic submission.

4.6   For each report included in the submission, enter the Contact Name, Contact Telephone Number, and Contact Email Address that questions should be directed to.

5.0 Certification

This form certifies accuracy and completeness of the electronic report submission related to the reporting of revenues and expenditures as required in Contract Section 7.8 and Contract attachments C.6.5.1.1 and P.7.7.1.1. A certification form shall be completed and included with each electronic report submission to the MDHHS.

5.1   Enter the Contact Name, Contact Telephone Number and Contract Email Address for the individual authorized to sign on behalf of the CMHSP / PIHP.

5.2   The signature of the individual authorized to sign on behalf of the CMHSP / PIHP represents assurance that the submitted report(s) reflect an accurate statement of the revenues and expenditures for the reporting period. Please enter or print the date and sign the form.

5.3   Scan the signed certification and create a PDF document to be included with the electronic reporting package.

Note: For submission of reports included in the FSR Bundle, the scanned certification should be pasted in the "Pasted Certification Tab" of the FSR Bundle.